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06/27/2005

ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 EAST WISCONSIN AVENUE, SUITE 1100 MILWAUKEE, WI 53202 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Aleshia T. Prange	(Depositor's name)
aleshia T. Pramas	(Signature)
September 27, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/650,114	08/26/2003	Erkki Heinonen	2532-00323	5885
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	09/27/2005
EXAM	IINER	ART UNI	ΙΤ	CLASS-SUBCLASS]	
RAGONESE, ANDREA M 3742		128-204180		•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence Address form PTO/SB/122 attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended respondence address form PTO/SB/122 attached. The ended respondence attached by a registered patent attorney or agent) and the names of up to 2 registered patent attorney or agent) and the names of up to 2 registered patent attorney or agent) and the names of up to 2 registered patent attorney or agent) and the names of up to 2 reg						
(A) NAME OF ASSIGN	ee ium Corp.	(B)) RESIDENC	CE: (CITY and STATE OR CO INLAND patent): Individual (A) C	UNTRY)	
4a. The following fee(s) are			. Payment of			
Issue Fee	•		~	in the amount of the fee(s) is er	closed.	
	small entity discount permitte	ed)	\sim	by credit card. Form PTO-203		
Advance Order - # o	f Copies	<u></u>	The Direction Deposit Acc	ector is hereby authorized by count Number	harge the required fee(s), o	r credit any overpayment, to copy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Iss ublication Fee (if required)	37 CFR 1.27.		cant is no longer claiming SMA ny) or to re-apply any previous e other than the applicant; a reg	LL ENTITY status. See 37 (CFR 1.27(g)(2).
incress as shown by the rec	ords of the Officer States Pat	en and rademark	Office.		·	- 1 4 E
Authorized Signature	Melle 6/14	of		Date Sep	tember 27, 200	5 092
Typed or printed name _	Peter T. Holse	n		Registration	No. 54,180	00028

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO oprocess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comperce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective on 12/08/2004.		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4		Application Nun	nber	10/650	10/650,114		
FEE TRANSMITTAL		Filing Date		August 26, 2003			
For FY 2005		First Named Inv	entor	Erkki F	Erkki Heinonen		
Applicant claims small entity status. See 37 CFR 1.27	[Examiner Name	Э	Andrea	M. Rago	onese	
	—[Art Unit		3743			
TOTAL AMOUNT OF PAYMENT (\$) \$1,700.00		Attorney Docke	t No.	2532-0	0323		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order							
Deposit Account Deposit Account Number: 01.2000					s, Sceales, S	tarke & Saw	/all, LLP
For the above-identified deposit account, the Director	is here	eby authorized to	: (check	all that app	ly)		
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Information and authorization on PTO-2038. FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FE	EES						
FILING FEES		CH FEES	EXAN	MINATION			
Small Entity Application Type Fee (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	<u>Small E</u> (\$) Fee		Fees Paid (\$)
	500	250	200				_
Design 200 100	100	50	130		_		
Plant 200 100	300	150	160				[
Reissue 300 150	500	250	600				
Provisional 200 100	0_	. 0	_ () () - =	··	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							
Multiple dependent claims	F)_:_!	88 ***			360	180
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> = = x =	ree P	<u>Paid (\$)</u> \$0.00		<u>ole Depend</u> e (\$)	ent Claims Fee Paid (\$)	
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Indep. Claims Extra Claims Fee (\$)	Fee P	aid (\$) \$0.00					
HP = highest number of independent claims paid for, if greater than	3	_ · ,					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = /50 = (round up to a whole number) x = \$0.00							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Issue Fee; Publication Fee \$1,700.00							
SUBMITTED BY							
Signature ///		Registration No. Attorney/Agent)	54,18	30	Telephone 4	14-271-75	90
Name (Print/Type) Peter T. Holsen	1				Date Septe		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.